

Med-QUEST Healthcare Advisory Committee

September 20, 2023



Med-QUEST, DHS

Med-QUEST Healthcare Advisory Committee Agenda

- I. Welcome/Call to Order
- II. Introductions/Roll Call
- III. Review of meeting participation guidelines and process
- IV. Med-QUEST Updates - Presentations on current Med-QUEST program activities
 1. Med-QUEST Maui Response
 2. Stay Well Stay Covered (Restart of Renewals)
 3. Other updates
 4. Public Comment
- V. 2023 Med-QUEST Quality Strategy Update – Presentation on the 2023 Med-QUEST Quality Strategy Update and the public comment process.
 1. Public Comment
- VI. Presentation and Discussion: Annual Public Forum - Progress report and update on the QUEST Integration Section 1115 Demonstration Project
 1. Public Comment
- VII. State Plan Amendment Presentations and Discussions
 1. State Plan Amendment: Updates - Presentation on the status of State Plan Amendments previously reviewed by the MHAC
 2. State Plan Amendments: New - Presentation of State Plan Amendments currently being submitted for CMS approval
 - i. SPA 23-0010 One Year Continuous Eligibility for Children Under Medicaid and CHIP
 - ii. SPA 23-0014 Nursing Facility Payment Methodology Change
 3. State Plan Amendments: Coming Soon – Presentation on State Plan Amendments
 4. Public Comment
- VIII. Next Meeting: Wednesday, October 18, 2023.
- IX. Adjourn



IV. MQD UPDATES

MED-QUEST MAUI RESPONSE

Stay Well Stay Covered (Restart of Renewals - Pause)

Other

Public Comment



Maui Response

- Outreach – Disaster response
- Health care and health care providers
- Various types of disaster-related waivers (App K/Attachment K & 1135)
- Access to MH counseling and supports for our teams



**UPDATE! Med-QUEST stands in
support of our Maui Nui
community and has paused all
terminations for Maui County
residents through the end of May,
2024**

**People who are already covered by Med-QUEST
DO NOT need to take any action at this time. Their coverage will be maintained.**

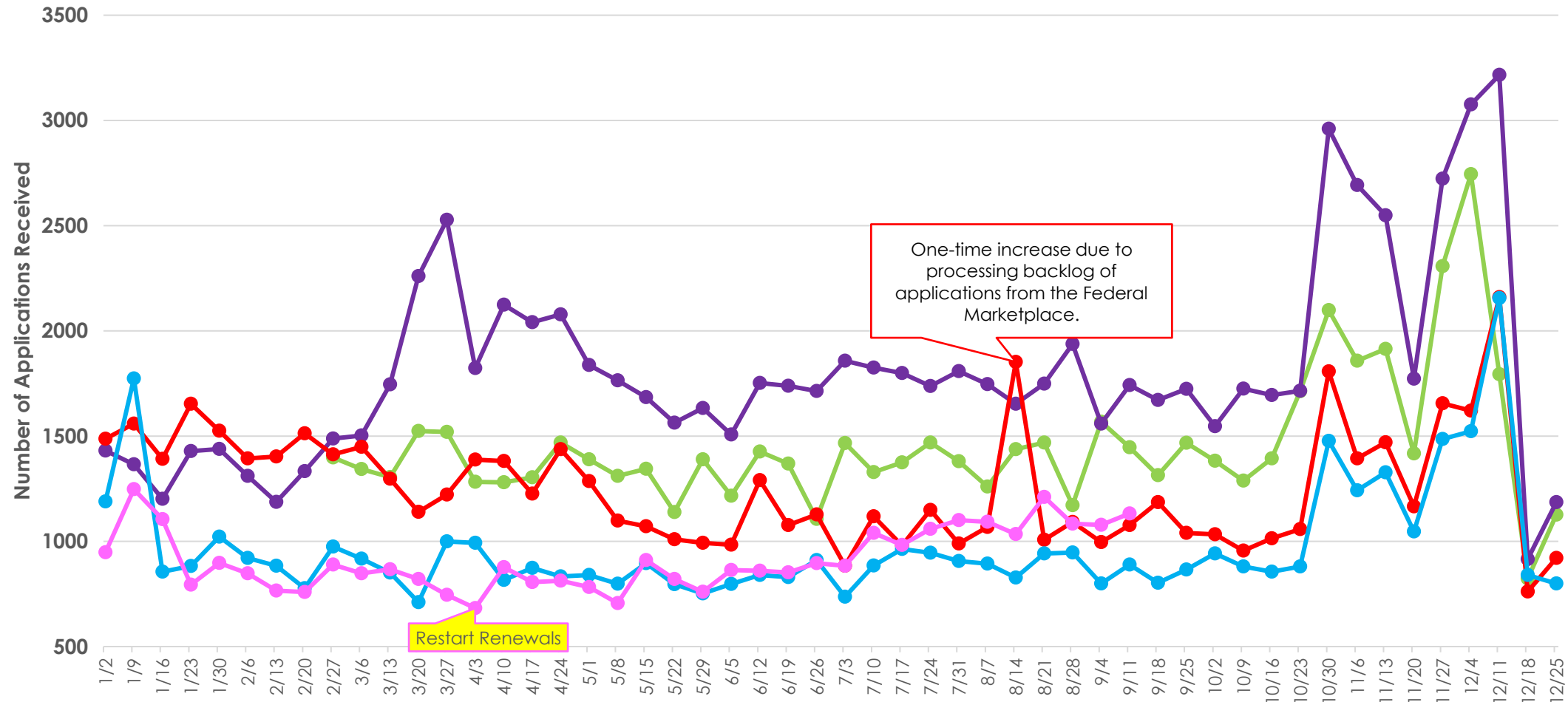
People who are not currently covered by Med-QUEST can apply for coverage in the following ways:

- We encourage folks who have access to computers to apply online as the fastest way to apply. <https://medical.mybenefits.hawaii.gov/>
- Those without computer access can apply over the phone by calling **1-800-316-8005**. Hold times are a bit longer than usual but please stay on the line so we can be of service, We have expanded our call center hours to Monday – Saturday from 7:00 am – 7:00 pm.
- We have MQD staff, some Health Plan representatives and Kokua/community organizations on the ground at a variety of outreach venues who are helping with new applications.
- MQD's Eligibility Office in Wailuku is also open and ready to provide assistance M-F from 7:45 am – 4:30 pm in Wailuku at Millyard Plaza, 210 Imi Kala Street, Suite 101

Hawai'i Medicaid Applications Received:

March 2020 to March 2023 MQD Received 209,251 Applications

As of April 2023-September 16, 2023 MQD has received 22,324 Applications

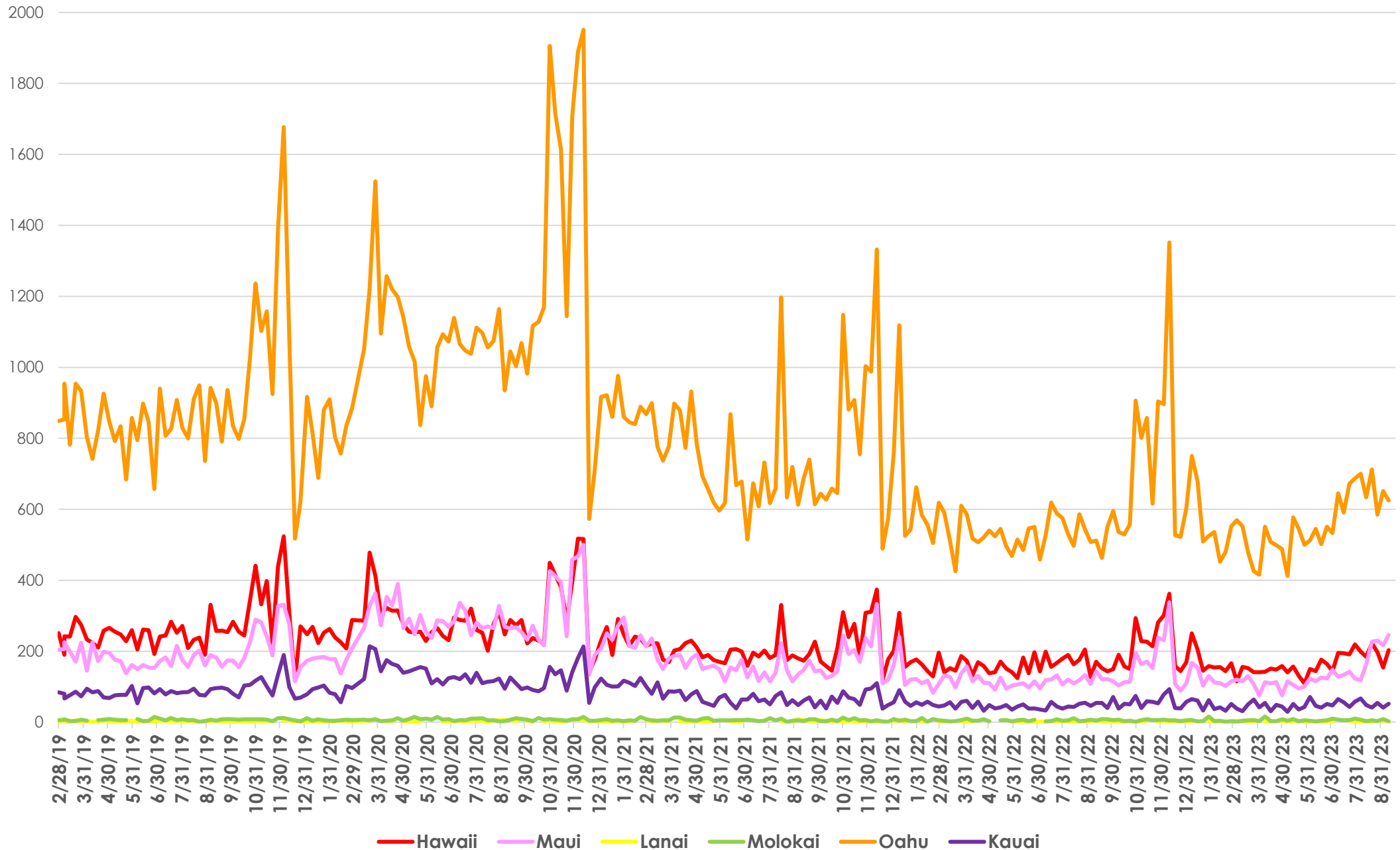


Week Beginning Based on 2022 Date and Corresponding Weeks From Previous and Subsequent Years

—2019 —2020 —2021 —2022 —2023

Application increase in Nov-Dec (and in Jan 2022-2023) reflects additional application activity due to the Federal Marketplace open enrollment period.

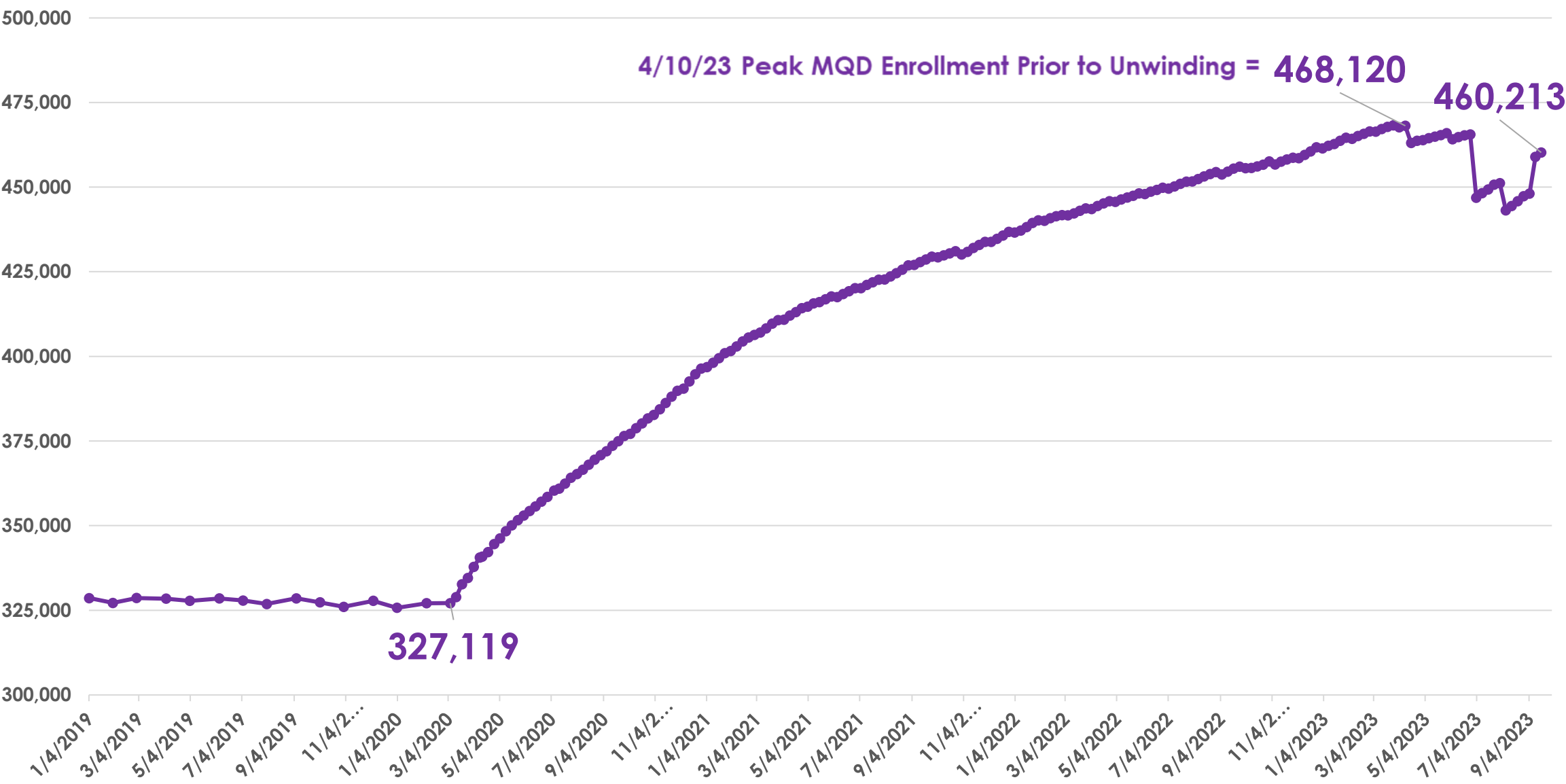
Applications by Island from March 2019 through September 16, 2023



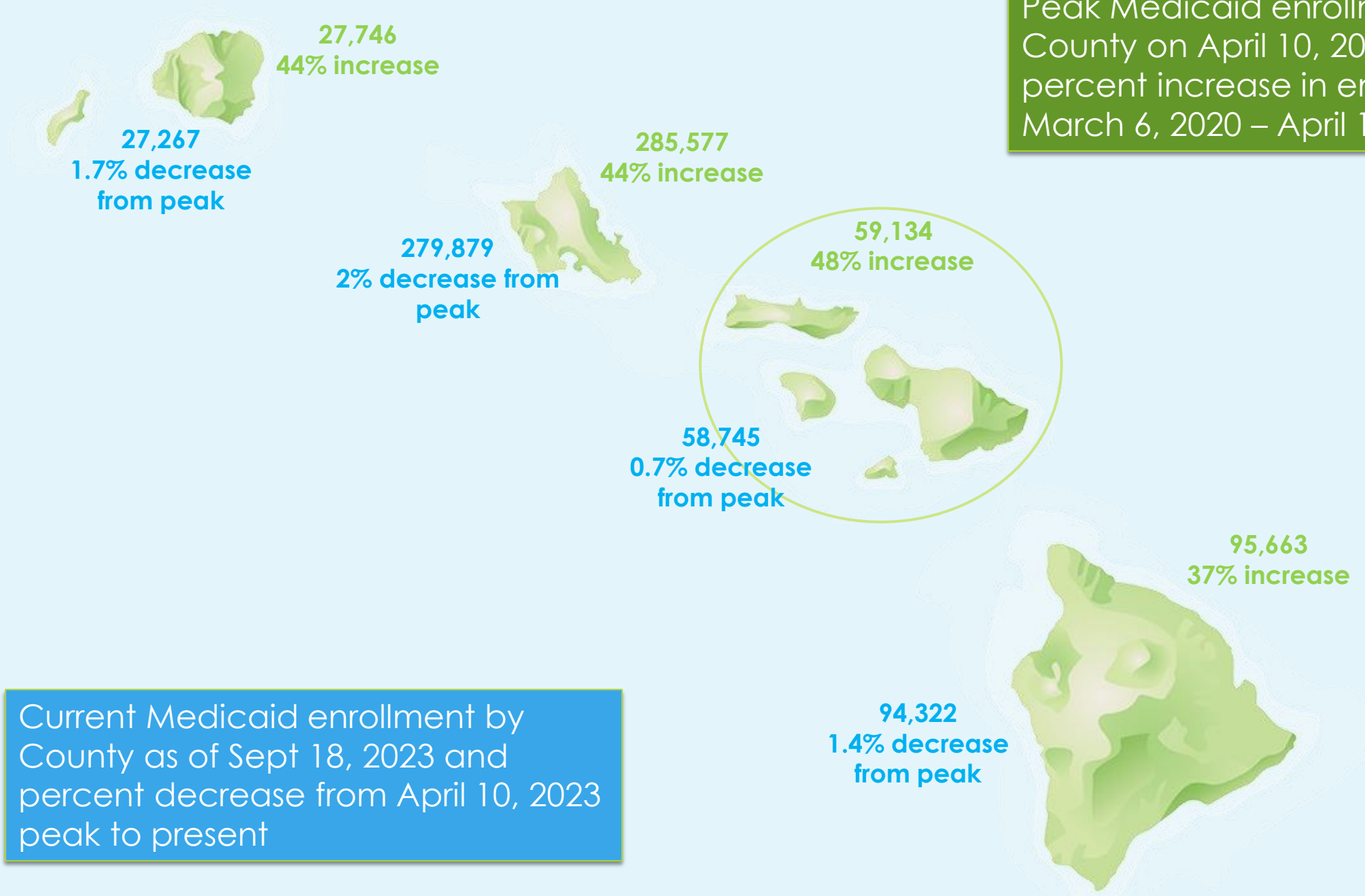
Hawai'i Medicaid Monthly Enrollment: January 2019 to September 18, 2023

141,001 New Enrollments from 3/6/2020 – 4/10/2023 (43% Increase)

7,907 fewer enrollments from 4/10/2023 to 9/18/23 (1.7% Decrease from Peak Enrollment)



Peak Medicaid enrollment by County on April 10, 2023 and percent increase in enrollments from March 6, 2020 – April 10, 2023



Current Medicaid enrollment by County as of Sept 18, 2023 and percent decrease from April 10, 2023 peak to present



State of Hawai'i Department of Human Services

Med-QUEST Division

🔍 SEARCH SITE

HOME

ABOUT ▾

MEMBERS & APPLICANTS ▾

PLANS & PROVIDERS ▾

RESOURCES ▾

FAQ

UPDATE! Stay Well Stay Covered

Throughout the pandemic, all Medicaid members received continuous uninterrupted coverage amid the public health emergency. Med-QUEST Division will begin reaching out to members in March 2023 to let them know what month their eligibility will be redetermined. This eligibility renewal work will begin in April and be spread out across 12 months. Click [here](#) for more information...



Med-QUEST Has Paused All Member Disenrollments for the Remainder of 2023

If Med-QUEST can successfully renew your eligibility at this time, we will, and a pink letter confirming your renewed coverage will be mailed to you.

If Med-QUEST is unable to renew your coverage at this time, your renewal date will be pushed out to a new month after this pause and your coverage will remain active.

IMPORTANT! Please know that the following applies for all Med-QUEST members statewide:

- Med-QUEST has paused terminations for the remainder of 2023, meaning coverage will continue through at least the end of this year without interruption except for those who voluntarily ask Med-QUEST to end their coverage, those who have moved out of state or those who are deceased.
- If Med-QUEST can successfully renew your eligibility at this time, we will, and a pink letter confirming your renewed coverage will be mailed to you.
- If Med-QUEST is unable to renew your coverage at this time, your renewal date will be pushed out to a new month after this pause.

Are you enrolled in Med-QUEST? Has your contact information changed in the past three years? Please update your contact information with us so you can stay enrolled. Call us at 1-800-316-8005 or log in to your account [here](#) to make the change.

We want everyone to Stay Well and Stay Covered. [Click here](#) for the more information and for the communications toolkit.

Ex-Parte Renewals:

- ❖ When MQD is processing a renewal, we always begin with an “ex-parte” process where we use existing data sources to validate continuing eligibility and renew members without having to ask them for any additional information.
 - ❖ When a member successfully passes the ex-parte process, their eligibility is renewed for another year
 - ❖ When a member does not pass through the ex-parte process, MQD will reach out to the member to clarify any needed information and will send a renewal form to the member if we are unable to reach them and resolve the question.

What is different during this pause period?

- ❖ MQD will continue to renew eligibility for those who can successfully pass through the ex-parte process during this pause period. These members will receive a pink letter letting them know that they continue to be covered by Med-QUEST.
- ❖ MQD will not reach out or send renewal forms to members who do not successfully pass through the ex-parte process (we call these non ex-parte). Instead, these members will be covered through the pause period and MQD will re-attempt their renewals three months later.
 - ❖ In Maui County, MQD will push all non ex-parte renewals to April/May/June, 2024
 - ❖ In West Maui, specifically, MQD will push all non ex-parte renewals to June, 2024



Benefit Restoration for Mixed Households:

Because we want to be sure our ex-parte system assesses each member individually and not fail an entire household due to one member of the household not passing through ex-parte, MQD is also restoring benefits to the following members going back to the beginning of Hawaii's unwinding period:

- ❖ Those across the state whose cases are considered “**mixed households**” where there could be more than one eligibility level involved, such as kids and adults, who were terminated for procedural reasons, such as failure to respond to our request for more information and/or failure to return their renewal form.
 - ❖ Due to the Maui fires, for Maui County ONLY we have also restored eligibility for procedural terminations for **single member households**. *This has been put into place in recognition that the 8/8 fires may have limited Maui County residents' ability to respond to the 90-day post-termination grace period to demonstrate continued eligibility and have eligibility restored.*
- ❖ These restorations go back to the date of termination-no gap (unless terminated voluntarily/deceased/out of state)
- ❖ The future eligibility renewal month for those restored will be the same month in 2024 (May 2023 will now be renewed through May 2024 when we will do a new eligibility review)



Notice to Members:

- We will send a notice to members whose eligibility is restored or renewed so that they know they have coverage.
- We have decided NOT to provide a revised letter to folks letting them know when their new renewal month will be since we will not know who may pass through ex-parte until their originally scheduled month when we try to renew them.

For example:

- Auntie's ER date is in November, 2023, so we will still try to renew her by pushing her case through ex-parte in October, 2023.
- If she is successfully renewed, YAY! She will get a pink letter letting her know her coverage has been renewed.
- If she is not successfully renewed, we will continue her coverage and we will push her Eligibility Renewal date out by three months to February 2024 and try to re-run ex-parte for her in January 2024.

Messaging to clients:

"We will try to renew your coverage during your previously assigned month. If we are unable to renew your coverage at that time, we will automatically keep you enrolled for an additional three months and then we will try again. If we still can't renew your coverage at that time, we will send a renewal notice to get more information from you to help us redetermine your eligibility."

***For Maui we will wait until April, May or June of 2024 and try again and for West Maui we will wait until June 2024**



Med-QUEST Division

V. QUALITY STRATEGY UPDATE

Public comment period September 1-30, 2023

MHAC presentation -September 2023



Agenda

- 2023 Quality Strategy update
- SEP 1-30: Public comment period
- OCT 15: MQD submits to CMS



Quality Strategy - PURPOSE

- MQD's plan for continuous quality improvement for services furnished by our MCOs
- A federal requirement which must be updated every three years at a minimum
- Aligned with our HOPE Initiative.



HOPE Strategies	Quality Strategy Goals	Quality Strategy Objectives	
Invest in Primary Care, Prevention and Health Promotion	Advance primary care, prevention, and health promotion	OBJECTIVE 1	Enhance timely and comprehensive pediatric care
		OBJECTIVE 2	Reduce unintended pregnancies, and improve pregnancy-related care
		OBJECTIVE 3	Increase utilization of adult preventive screenings in the primary care setting
		OBJECTIVE 4	Expand adult primary care preventive services
Invest in primary care, prevention and health promotion; and Improve outcomes for high-needs, high-cost individual	Integrate behavioral health with physical health across the continuum of care	OBJECTIVE 5	Promote behavioral health integration and build behavioral health capacity
		OBJECTIVE 6	Support specialized behavioral health services for serious intellectual/developmental disorders, mental illness, and Substance Use Disorders (SUD)
Improve outcomes for high-needs, high-cost individuals	Improve outcomes for high-need, high-cost individuals	OBJECTIVE 7	Provide appropriate care coordination for populations with special health care needs
		OBJECTIVE 8	Provide team-based care for beneficiaries with high needs high cost conditions
		OBJECTIVE 9	Advance care at the end of life
		OBJECTIVE 10	Provide supportive housing to homeless beneficiaries with complex health needs
Support community driven initiatives	Support community initiatives to improve population health	OBJECTIVE 11	Assess and address social determinants of health needs
Improve outcomes for high-need, high-cost individuals	Enhance care in LTSS settings	OBJECTIVE 12	Enhance community integration/re-integration of LTSS beneficiaries
		OBJECTIVE 13	Enhance nursing facility and Home and Community Based Services (HCBS); prevent or delay progression to nursing facility level of care
Invest in primary care, prevention, and health promotion; Improve outcomes for high-need, high-cost individuals; and Payment reform and alignment	Maintain access to appropriate care	OBJECTIVE 14	Maintain or enhance access to care
		OBJECTIVE 15	Increase coordination of care and decrease inappropriate care
Payment reform and alignment	Align payment structures to improve health outcomes	OBJECTIVE 16	Align payment structures to support work on social determinants of health
		OBJECTIVE 17	Align payment structures to enhance quality and value of care



Quality Strategy — ongoing work

GOAL 2: INTEGRATE BEHAVIORAL HEALTH WITH PHYSICAL HEALTH ACROSS THE CONTINUUM OF CARE

- 2022 PIP: Improve coordination of care for members enrolled in QI and BH services (CCS, DOH)
- Status: Health Plans and DOH agencies continue to collaborate on a MOU to improve care coordination.

GOAL 3: IMPROVE OUTCOMES FOR HIGH-NEED, HIGH-COST INDIVIDUALS

- CIS – Benefits for individuals with behavioral or physical health issues and are homeless or at risk for homelessness.
- 2023 quarterly rapid-cycle reviews; Ongoing collaboration between Health Plans and community providers

GOAL 4: SUPPORT COMMUNITY INITIATIVES TO IMPROVE POPULATION HEALTH

- Statewide SDOH transformation plan
- Phase I – member level data analysis
Phase II – Identifying and fortifying SDOH supports



Public comment period

- **AUG 31:** 2023 Quality Strategy draft
 - Uploaded to MQD webpage -
<https://medquest.hawaii.gov/en/resources/quality-strategy.html>
 - Emailed to MHAC members and other stakeholders.
- **SEP 1-30:** MQD accepting public comments at
QUEST_Integration@dhs.hawaii.gov
Subject line: ATTENTION: QI Quality Strategy Response



Quality Strategy - TIMELINE

- OCT 1-14: MQD reviews public comment and update Quality Strategy as needed
- OCT 15: MQD submits 2023 Quality Strategy to CMS for review and feedback
- MQD to make revisions based on CMS' feedback and upload the final Quality Strategy to the MQD website:
<https://medquest.hawaii.gov/en/resources/quality-strategy.html>



PUBLIC COMMENT



VI. 1115 DEMONSTRATION WAIVER ANNUAL PUBLIC FORUM

Med-QUEST Division



VISION

The people of Hawai'i embrace health and wellness

MISSION

Empower Hawai'i's residents to improve and sustain wellbeing by developing, promoting and administering innovative and high-quality healthcare programs with aloha. 🌺

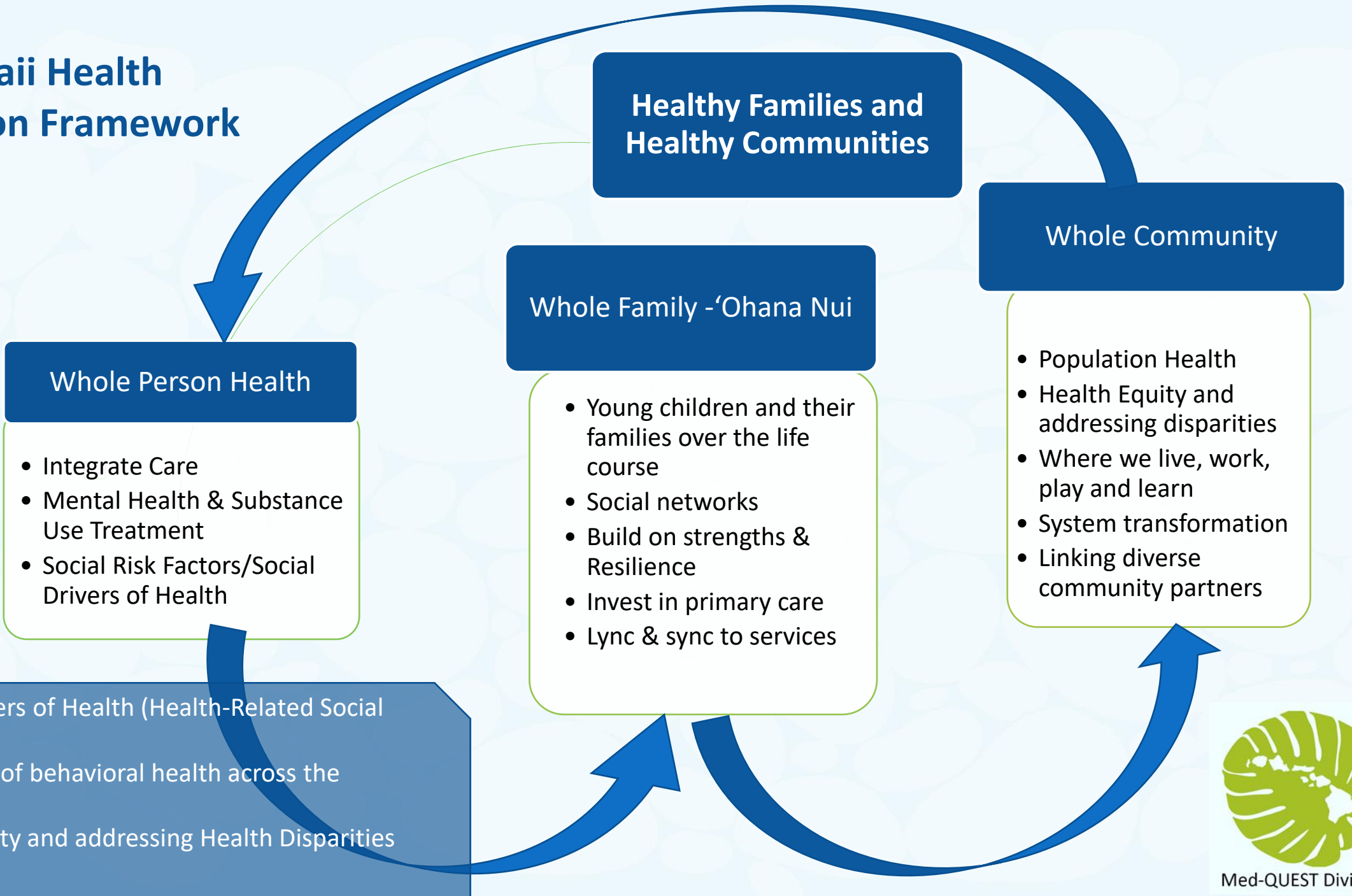
CORE VALUES

Hī'iola ~ Embracing wellness

- H Healthy Outcomes - We develop strategies and improvements necessary to promote overall wellbeing.
- I Integrity – We are accountable to the work we do, the resources we manage and the people we serve.
- ‘ ‘Ohana Nui – We focus on the whole family's needs, with priority on children ages 0 – 5 years old.
- I Innovation – We cultivate an atmosphere of continuous learning and improvement.
- O Optimism – We each make a difference for the people of Hawai'i.
- L Leadership – We are all leaders in the work we do.
- A Aloha – We extend warmth and caring to all.



Hawaii Health Innovation Framework



HOPE Summary

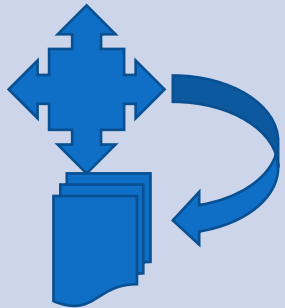
Goals



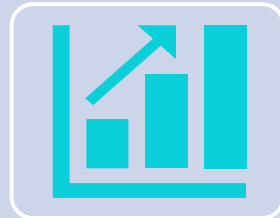
Healthy Families and Healthy Communities

Better Health, Better Care, and Sustainable Costs

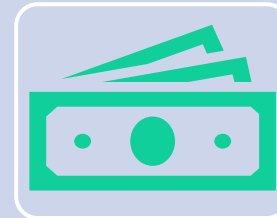
Strategies



Invest in primary care, prevention, and health promotion



Improve outcomes for High-Need, High-Cost Individuals



Payment Reform and Financial Alignment



Support community driven initiatives

Foundational Building Blocks



1. Use **data & analytics** to drive transformation & improve care

2. Increase **workforce capacity**

3. Accountability, **Performance measurement** and evaluation

Med-QUEST (MQD) 1115 Waiver Renewal: Starting engagement

- The 1115 demonstration waiver has been in effect since 1994.
- On July 31st, 2019, the Centers for Medicare and Medicaid Services (CMS) approved MQD's 1115 waiver renewal.
- The waiver allows MQD to deliver QUEST Integration (QI) Medicaid and to provide certain specialty services to support healthy families and communities.
- This renewal authorizes the waiver for five years, from August 1, 2019 to July 31, 2024.
- Submit Waiver Renewal request to CMS end of 2023 to early 2024.



Update on Waiver

QUEST (Hawaii Medicaid): Health Care Delivery System

- **QUEST Integration:** 99.9% of Medicaid beneficiaries have access to most health care services using managed care via health plans, including long term care services.

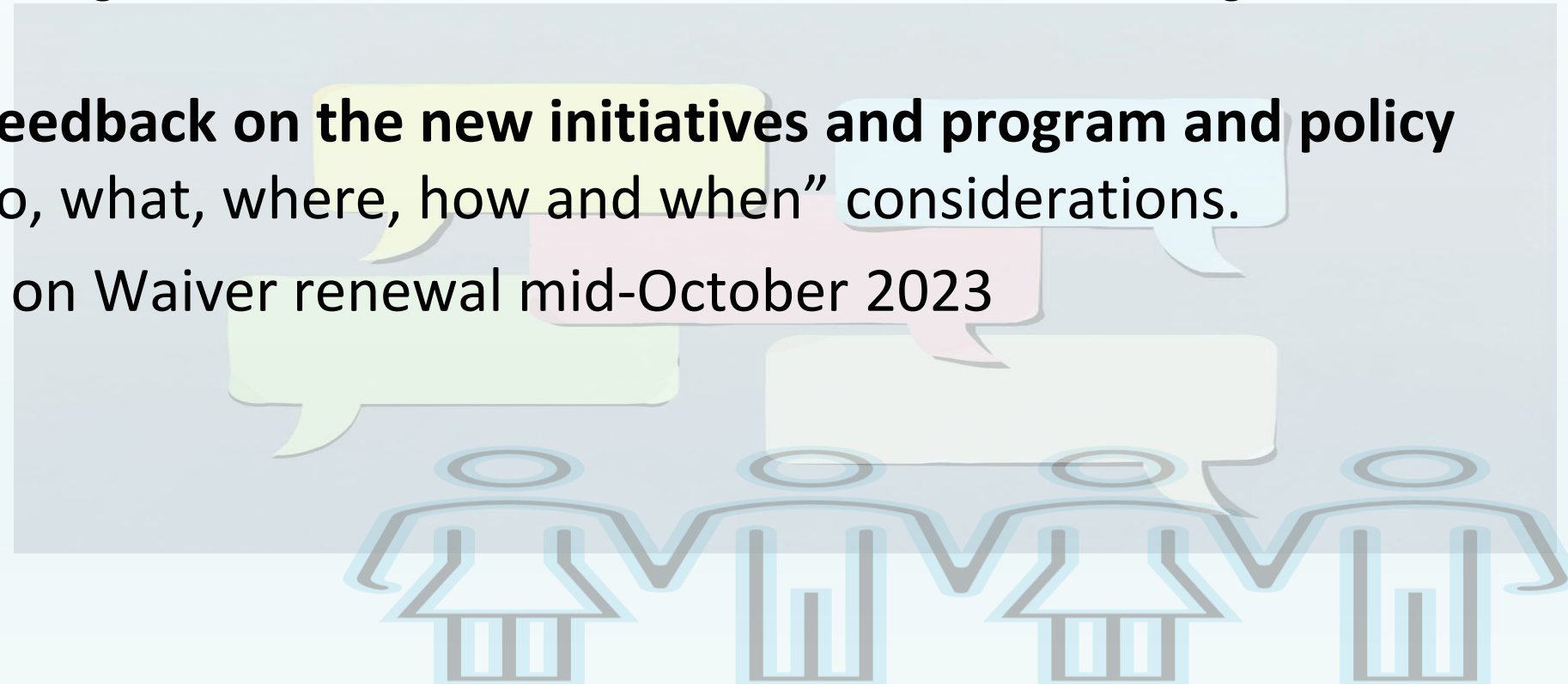


- Re-procured for QUEST Integration
 - AlohaCare, HMSA, Kaiser (Oahu/Maui), 'Ohana and United Healthcare
- **Community Cares Services:** Specialty Mental Health managed care plan for specialty mental health services for individuals with serious mental illnesses.
 - Contract Award – 'Ohana Health Plan 7/1/2021

Contract focus areas related to waiver: Social Determinants of Health/Social Risk Factors; Community Integration Services and Community Transition services; Integration of Behavioral Health; Investment in Primary care; Integration of health for people with complex health and social needs via new care models.

MQD Updates: 1115 Waiver Renewal

- MQD will maintain **existing programs** in the new Waiver and consider **new initiatives**.
 - MQD will **continue current programs and services** to support individuals with housing, behavioral health, and home- and community-based services needs.
 - **New Initiatives** adding services to address **health-related social needs** among select QI members.
- MQD **collected feedback on the new initiatives and program and policy details**: The “who, what, where, how and when” considerations.
- Public Comment on Waiver renewal mid-October 2023



MQD Updates: 1115 Waiver Renewal New Initiatives

- New Initiatives largely focus on health-related social needs for specific populations:
 - Medical respite (Recuperative care/short-term stay post-hospitalization)
 - Rent assistance/temporary housing
 - Pre-release services for justice-involved individuals (e.g., case management, medication-assisted treatment)
 - Nutritional supports (e.g. medically-tailored meals; nutrition education/counseling; fruit/veggie “prescription”)
 - Traditional healing practices
 - + *Substance Use treatment: Contingency management*
 - + *Continuous coverage options for children*



1115 WAIVER UPDATE: KEY ACHIEVEMENTS AND CHALLENGES



Home- and Community-Based Services (HCBS) will continue under the Demonstration

- Hawai'i is one of a few states that has authorization for HCBS through its 1115 waiver.
- Other states typically have one or more "1915" waivers that authorize HCBS.
 - Dept of Health/ Developmental Disabilities Division operates the only 1915(c) waiver in Hawai'i.
- CMS has agreed to let Hawai'i continue to use the 1115 waiver.
 - MQD had to include more reporting requirements for HCBS
 - Added reporting requirements to recent QI contract effective 7/1/21



IV. MQD Updates: Advancing Medicare and Medicaid Integration

- MQD is improving care delivery for Hawai'i's dually eligible population by building on the current dual-eligible special needs plan (D-SNP) program.
- Hawai'i's current D-SNPs (Highly Integrated Dual Eligible Special Needs Plans [HIDE SNPs]) offer some coordination for members with their Medicare and Medicaid benefits.



Dually eligible individuals are eligible for Medicare and Medicaid at the same time.

They receive their health care services from both programs, so the delivery of their care can sometimes be difficult to navigate.



MQD Updates: Advancing Medicare and Medicaid Integration

- For the past year, MQD has been working to launch a new kind of plan for Duals: The Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP). FIDE SNPs will provide a higher level of care integration for their dual-eligible members
 - Three of Hawai'i's Medicaid managed care organizations (MCOs) will launch FIDE SNPs in January 2024: AlohaCare, Kaiser, and Ohana
- Some MCOs will continue to have HIDE SNPs in 2024. These plans will also operate with new policies to provide greater care integration for members
 - Four of Hawai'i's Medicaid MCOs will continue operating HIDE SNPs in January 2024: AlohaCare, HMSA, Ohana, and United
- MQD will continue to implement policy and program improvements to the D-SNP program over the next two years to further strengthen the state's ability to serve its dual-eligible population



MQD Updates: Advancing Medicare and Medicaid Integration

■ The following policies will be new for HIDE and FIDE SNPs in 2024.

- Culturally and linguistically competent care delivery (e.g., strengthen requirements for access to interpretation services)
- Enhanced care coordination and care management requirements for members enrolled in CCS and/or the I/DD Waiver (e.g., staff education on service delivery, required care managers, information sharing requirements, and requiring the populations to receive specially tailored services)
- Health Risk Assessment requirements to screen for health-related social needs, such as housing and food security, and transportation access
- Reporting and oversight requirements (e.g., data points that provide greater line of sight into member experiences)
- D-SNP benefits template to support beneficiary counseling and education
- Enrollee advisory committees to solicit direct input on D-SNP member experiences



Beyond Clinic Walls: Supportive housing for beneficiaries who are chronically homeless

- CMS approved MQD's §1115 renewal 7/31/2019 to provide "Community Integration Services," better known as supportive housing services.
- Supports for people to transition from homelessness or institutions like moving costs, utilities and rent deposits (payer of last resort)
- Supports for individuals that are homeless **or** at-risk of homelessness **and** who meet a needs-based criteria:
 - A mental health or substance use disorder (SUD) need; or
 - A complex physical health need.
- Health plans and providers to provide services are to provide services that will help obtain and maintain housing.
- Ongoing evaluation activities, housing service providers' valuable feedback led us to do a "Reset: in early 2023.



Aloha United Way Homeless Program



Community Integration Services: Impact of Rapid Cycle Assessments

- Program reboot started in 2/2023:
 - Regular and frequent meetings with plans and providers
 - Provider enrolment timeline decreased
 - Billing simplified
 - Forms simplified
 - Plan vs. provider roles and responsibilities clarified
 - Reporting requirements updated
 - Memo guidance to reflect the above changes have been published
- MQD supporting the growth of provider network for CIS by leveraging connections with Housing Continuum of Care networks (Partners in Care and Bridging the Gap) and other key stakeholders (e.g., Statewide Office on Homelessness and Housing Solutions)



Managed Care: Reporting Updates

- Health plans regularly submit 40 comprehensive data reports spanning Administration and Finance, Covered Benefits, and Provider Network and Utilization topic areas
- MQD and health plans have worked cooperatively over the past year to improve reporting data quality
 - 15 reports now have automated data validation tools
- Current Status
 - 23 out of 40 of reports are now meeting data quality requirements are being used to monitor health plan performance
 - 63 Key Performance Indicators are used to monitor health plan performance on critical contractual and programmatic benchmarks
 - 8 additional reports will meet data quality requirements by 1/1/24
 - 9 reports are being revised by MQD to better align to health plan workflows and/or changing policies



PUBLIC COMMENT



VII. STATE PLAN AMENDMENT PRESENTATIONS AND DISCUSSIONS: UPDATES



State Plan Updates- Approval

- **SPA 23-0006- Extended Services Postpartum period** **Approved:08/11/23**

Effective Date: 07/01/23

- **SPA 23-0009- Waive of Provider Application Fee** **Approved:07/27/23**

Effective Date: 05/18/23



State Plan Updates

- **SPA 23-0004 Former Foster Care Medicaid Out of State** –SPA in “Request for Additional Information” (RAI) Process.
- **SPA 23-0007 Medicaid Application (DHS 1100 “Application For Health Coverage & Help Paying Costs”)** –Submitted to CMS 06/29/23. Effective Date 04/01/23. Currently working on responding to CMS initial review questions. (moving into RAI)
- **SPA 22-0013 Community Palliative Care** -SPA in RAI Process. Informally submitted documentation for CMS to consider Community Palliative Care in the “Preventive Services” benefit



V. STATE PLAN AMENDMENT PRESENTATIONS AND DISCUSSIONS: NEW



SPA 23-0010 One Year Continuous Eligibility for Children Under Medicaid and CHIP

Background:

Section 5112 of the Consolidated Appropriations Act, 2023 (CAA) amends Section 1902(e)(12) and 2107 (e)(1) of the Social Security Act to mandate states to provide 12 months of continuous eligibility for children under age 19 in Medicaid and CHIP. Effective January 1, 2024. *Hawaii is choosing to amend the Medicaid State Plan to provide this coverage effective July 1, 2023.*

SPA language:

Attachment 2.2-A pg. 23c

Continuous Eligibility for Children: A child under age four (not to exceed age 19) who has been determined eligible under §1902(a)(10)(A) of the Act is deemed to be eligible for a total of 12 months (not to exceed 12 months) regardless of changes in circumstances, other than moving out of the State or attainment of the maximum age stated above, until the earlier of:

- a. The end of a period (not to exceed 12 months) of continuous eligibility; or
- b. The time that the individual exceeds that age.



Submission to CMS before 09/30/23

Proposed Effective Date 07/01/23

SPA 23-0014 Nursing Facility (NF) Payment Methodology Change

Background:

MQD is changing NF rate methodology and rebasing the rates simultaneously. The payment method change is primarily changing the case mix from using the RUGs system to the Patient Driven Model Payment system (PDPM). The change is required because CMS has changed to PDPM and will no longer be supporting the RUGs system.

SPA language:

Attachment 4.19-D pg. 1-edit to definition

Attachment 4.19-D pg. 38-explanation of new methodology

Remove- Supplement to Attachment 4.19-D pg. 1-3

Submission to CMS before 12/30/23

Proposed Effective Date 01/01/24



V. STATE PLAN AMENDMENT: Coming Soon

- SPA 23-0003 Mandatory Medicaid and CHIP Adult Vaccine Coverage connected to our Preventative Services section in the State Plan.



PUBLIC COMMENT





Mahalo!